

Survey Questions

Age in years

- ☐ 18-24
- ☐ 25-39
- ☐ 40-59
- ☐ 60-79
- ☐ 80 plus

Sex

- ☐ Male
- ☐ Female
- ☐ Prefer not to answer

What is your race?

- ☐ Caucasian
- ☐ African American
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Others
- ☐ Prefer not to answer

What is your ethnicity?

- ☐ Not Hispanic or Latino
- ☐ Hispanic or Latino
- ☐ Prefer not to answer

What is your job description?

- ☐ Physician
- ☐ Resident/Fellow Physician
- ☐ Advanced Practice Providers
- ☐ Nurse
- ☐ Student
- ☐ Researcher
- ☐ Technician
- ☐ Administration
- ☐ Care coordination/Social services
- ☐ IT staff
- ☐ Security
- ☐ Support staff
- ☐ Maintenance
- ☐ Other (Please specify)

Do you have any of the following? (Please select all that apply)

- ☐ Food allergy
- ☐ Drug allergy
- ☐ Bee sting allergy
- ☐ I had an allergic to other vaccines in the past I have an EpiPen prescription
- ☐ None of the above

Do you have an underlying medical condition?

- ☐ Heart disease (e.g. heart attack, heart failure)
- ☐ Asthma
- ☐ Other lung diseases (e.g. COPD)
- ☐ Rheumatologic (joint) disease (e.g., arthritis)
- ☐ Neurologic disease (e.g., stroke, multiple sclerosis)
- ☐ Diabetes
- ☐ None of the above.

Have you received the first dose of COVID-19 vaccine?

- ☐ Yes
- ☐ No

Which vaccine did you receive? (please check your vaccine card for this information)

- ☐ Pfizer-BioNtech
- ☐ Moderna
- ☐ Unable to find the information on the vaccination card

Have you been diagnosed with COVID-19 (you had a positive test for COVID-19) before you received the COVID-19 vaccine?

- ☐ Yes
- ☐ No

Did you develop a local injection site reaction (e.g. pain, muscle soreness, swelling, redness) after the first dose?

- ☐ Yes
- ☐ No

How would you rate the severity of your local reaction?

1 2 3 4 5 6 7 8 9 10

Did you develop other symptoms (OTHER than injection site reaction) after your first dose?

- ☐ Yes
- ☐ No

Which of the following other symptoms (OTHER than injection site reaction) have you developed? (please select all that apply)

- ☐ fever
- ☐ chills
- ☐ headache
- ☐ fatigue
- ☐ nausea
- ☐ vomiting
- ☐ diarrhea
- ☐ diffuse muscle pain
- ☐ diffuse joint pain
- ☐ Lymph node swelling tingling/numbness in your extremities extremity weakness tingling/numbness in your face
- ☐ facial palsy (facial weakness)
- ☐ facial swelling
- ☐ skin rash
- ☐ anaphylactic reaction requiring medical treatment other (Please specify)

Rate the severity of these other symptoms (OTHER than injection site reaction) that you experienced

1 2 3 4 5 6 7 8 9 10

Have you already received your second dose?

- ☐ Yes
- ☐ No

Did you develop a local injection site reaction (e.g., pain, muscle soreness, swelling, redness) after the second dose?

- ☐ Yes
- ☐ No

How would you rate the severity of your local reaction?

1 2 3 4 5 6 7 8 9 10

Did you develop other symptom(s) (OTHER than local or injection site reaction) after your second dose?

- ☐ Yes
- ☐ No

Which of the following other symptoms did you develop? (please select all that apply)

- ☐ fever
- ☐ chills
- ☐ headache
- ☐ fatigue
- ☐ nausea
- ☐ vomiting
- ☐ diarrhea
- ☐ diffuse muscle pain
- ☐ diffuse joint pain
- ☐ Lymph node swelling tingling/numbness in your extremities tingling/numbness in your face extremity weakness
- ☐ facial weakness
- ☐ facial swelling
- ☐ skin rash
- ☐ anaphylactic reaction requiring medical treatment other (Please specify)

Rate the severity of these other symptom(s) (OTHER than injection site reaction) you have experienced?

1 2 3 4 5 6 7 8 9 10

If you received your first vaccine, why haven't you received your second COVID-19 booster vaccine?

- ☐ My second dose is not due yet.
- ☐ The reaction after the first vaccine was so intense, I don't want the second one at all
- ☐ The reaction after the first vaccine was so intense, I will wait longer to have the second vaccine
- ☐ I had COVID-19 infection so don't think I need a second vaccine
- ☐ It has been longer than 3 weeks since my last vaccination, but it hasn't been offered to me.
- ☐ I haven't had time to get the second vaccine Other (Please specify in the box below)

Why haven't you received your first dose of COVID-19 vaccine? Please check all that apply

- ☐ I don't have time to schedule a visit to receive the vaccine
- ☐ I was infected with COVID-19; therefore, I don't think I need the vaccine.
- ☐ I don't believe in the effectiveness of the
- ☐ COVID-19 vaccine
- ☐ I'm worried about side effects - I need long term safety data
- ☐ I have allergy to vaccine component
- ☐ I have allergy to other vaccines
- ☐ I have immunodeficiency, so the vaccine will not work for me
- ☐ I'm receiving immunosuppressive medication, so the vaccine will not work for me.
- ☐ I'm pregnant or planning to become pregnant.
- ☐ The vaccine was not offered to me
- ☐ Other: please explain